

S
614.1092
H2m

STATEMENTS

JUN 20 '77

MORTICIANS HANDBOOK

DEATH AND FETAL DEATH REGISTRATION

JANUARY 1968



MONTANA STATE DEPARTMENT OF HEALTH

DIVISION OF RECORDS AND STATISTICS

Montana State Library



3 0864 1006 5655 5

CONTENTS

INTRODUCTION

Why Register Deaths?	1
The Standard Certificates of Death and Fetal Death	3
The Confidential Nature of Vital Records	4
Organization of the Handbook	4

PART I. RESPONSIBILITIES OF THE FUNERAL DIRECTOR IN DEATH REGISTRATION

Chapter 1. Duties of the Funeral Director	5
Chapter 2. Procedures in Handling Certificates of Death	7
The Certificate of Death	7
The Certificate of Fetal Death	8
The Funeral Directors' Section of the Certificate	9
Correcting Certificates of Death or Fetal Death	10
Chapter 3. Burial-Transit Permits	11
When A Burial-Transit Permit is Used	11
Obtaining and Using a Permit	12
Other Provisions	12
A Note on Disinterment	13

PART II. INSTRUCTIONS FOR COMPLETING CERTIFICATES

Chapter 1. General Instructions	15
Standards for Completing Death, Birth, and Fetal Death Certificates	15
Chapter 2. Specific Instructions for Completing the Death Certificate	16
Chapter 3. Specific Instructions for Completing the Fetal Death Certificate	24
The Upper Portion of the Certificate	24
The Lower Portion of the Certificate	30

APPENDIX

A. The Montana Certificate of Death	36
B. The Montana Certificate of Fetal Death	37
C. The Montana Burial-Transit Permit Form	38
D. The Vital Statistics Registration System in the United States	39

INTRODUCTION

In the United States, the funeral director is the backbone of the death registration system. While the funeral director generally has certain statutory obligations to fulfill, the real quality of the registration system is dependent upon his conscientiousness -- his willingness to go beyond his statutory duties to make certain that the death and fetal death records he files are accurate, complete and legible. A funeral director who is sincerely interested in his service to the next-of-kin and who is aware of the significance of death record data as they are used statistically in the public interest will settle for nothing less than the best possible death record.

Why Register Deaths?

The primary function of the vital statistics registration system is to obtain and preserve the documentary evidence concerning births, deaths, marriages and divorces that is necessary to protect the legal rights of individuals.

The laws of every state provide for the permanent filing of all vital statistics records. As a result, individuals may at any time obtain from the official custodian of such records copies or data needed for legal purposes.

Death certificates are used to prove the fact of death, for insurance claims and for liquidation of estates. They are also used to prove facts about the deceased, such as name of spouse and parents, information on circumstances and cause of death, age, sex and race, date and place of interment and date of death for settlement of pension claims, insurance adjustments, and other general legal use.

Although, in the early years of vital statistics registration, the production of statistics from the vital statistics records was considered of secondary importance, today such statistics are extremely important.

Since vital statistics define the problems and measure the results of many aspects of public health work, they are a necessary foundation on which to base an effective public health program. Without them a health department cannot perform its duties with perspective and in an efficient manner. Because of this, the vital statistics system has become an integral part of the state and local departments of health.

In addition, vital statistics are of considerable value to individual physicians and to medical science. The increase or decrease in the number of deaths; the geographic distribution of deaths from certain diseases; the risk of death from various causes at different ages; the medical implications of the combinations of morbid conditions resulting in death; the frequency of autopsies; the proportion of births and deaths occurring in hospitals, and the proportion occurring without a physician in attendance; the frequency and causes of fetal deaths; the nature and prevalence of complications in pregnancy and labor -- all are problems of vital interest to the many health related professions.

New uses of vital statistics are now rapidly developing in social, economic and business fields. Foremost among these are the many problems related to population research. From the standpoint of a long-time study of the characteristics of a changing population, the use of birth and death statistics to measure the fertility and mortality of various racial, economic or social groups is essential. Further, knowledge of the number of births and deaths is required in making estimates of population. The fact that a population census is taken only once in every ten years necessitates

estimates for the intervening years. Many organizations, public and private, must have such estimates for research or administrative purposes.

Since the statistical data derived from death certificates can be no more accurate than the information on the certificate, it is paramount that all persons concerned with the registration of deaths, strive not only for complete registration but also for accuracy and promptness in reporting these events. It is hoped, therefore, that this manual will enable the funeral director to more effectively carry out his role in the death registration system.

The Standard Certificates of Death and Fetal Death

Each State is responsible for the content and format of its own death and fetal death certificates. For the purpose of developing uniform National statistics, the National Center for Health Statistics, Public Health Service, U. S. Department of Health, Education, and Welfare prepares Standard Certificates. These Standard Certificates serve as models for the States in developing their own records. These Standard Certificates are revised periodically in consultation with State health officers and registrars; Federal agencies concerned with vital statistics; National, State, and county medical societies; and other groups working in the fields of public health, social welfare, demography, and insurance, including the national organizations of funeral directors. The revision procedure assures careful evaluation of each item in terms of its current and future usefulness for registration, identification, legal, medical and research purposes.

The Standard Certificates of Death and Fetal Death presented in this handbook form the basis for the current certificates adopted by most State health departments. They are modified in each State to the extent

made necessary by the particular needs of the State, or by special provisions of the State vital statistics laws. However, certificates of many States conform closely in content and arrangement to the Standard Certificates.

The Confidential Nature of Vital Records

Because of the many legal, public health, research, and social welfare uses of vital records, each certificate should be prepared as completely and accurately as possible. Some items of information are personal and may be embarrassing or stigmatizing to the individual or his family. However, vital statistics registration officials, the legal custodians of these records, are aware of this fact and provide a number of safeguards to protect this information from unwarranted or indiscriminate disclosure.

Organization of the Handbook

The Funeral Director's Handbook is organized into three main parts: Part I - Responsibilities of the Funeral Director in Death Registration, Part II - Instructions for Completing Certificates, and the Appendix.

The first section contains chapters related to the specific duties of the funeral director, procedures in handling certificates of death, and the use of burial-transit permits. This section is of primary concern to the funeral director because it deals with his responsibilities in death registration.

The second section contains chapters which provide specific instructions for completing each item on certificates of death and fetal death. The arrangement of the items corresponds to their numbers of the Montana Certificates.

Facsimiles of the Montana Certificates of Death and Fetal Death are shown in the Appendix.

PART I. RESPONSIBILITY OF THE FUNERAL DIRECTOR IN
DEATH REGISTRATION

Chapter 1

Duties of the Funeral Director

The funeral director's principal responsibilities in death registration are to complete those parts of the death certificate calling for personal information about the deceased, to obtain the signature of the physician certifying the cause of death and other medical data on the certificate, and to file the certificate with the local registrar of the district in which the death occurred. In Montana, the death certificate must be filed within 3 days after death or before the body is removed from the registration district in which death occurred.

In general, the duties of the funeral director are to:

1. Complete all items on the death certificate except those which are in the cause-of-death section and the physician's certification section.
2. Secure all necessary signatures on the certificate and review the certificate for completeness and accuracy.
3. File the certificate with the local registrar within 3 days after death.
4. Notify the coroner of any death that is believed to have been due to an accident, suicide, homicide or to have occurred without medical attendance, unless this has already been done by the certifying physician.

5. Obtain a burial-transit permit from the local registrar of the district in which death occurred.
6. Assist the State or local registrar by answering inquiries promptly.
7. Co-operate fully with pathologists in those cases where post-mortem examinations are involved.
8. Be thoroughly familiar with all laws, rules, and regulations governing the vital statistics system.
9. Call on the local or State Registrar for advice and assistance when necessary.

Chapter 2

Procedures in Handling Certificates

The funeral director has a special responsibility with regard to certificates of death and of fetal death. Copies of the Montana certificates of death and fetal death are shown in the Appendix.

The Montana death certificate contains five main sections, as follows:

1. Personal and statistical information section
2. Medical cause-of-death statement section
3. Certification by physician or coroner section
4. Funeral director section
5. Local registrar section

The funeral director has the responsibility for filling out sections 1 and 4, above. The medical cause-of-death statement (2) and the certifying statement (3) are completed by the physician or coroner. The local registrar completes the certificate (5) when he receives it from the funeral director and officially records it. The funeral director obtains personal and statistical information related to the deceased, and he completes the section which deals with the disposal of the remains. It is important that all information which he provides be as complete and accurate as possible.

The Certificate of Death

The funeral director must obtain personal information from the next-of-kin or other reliable source. He must then present the certificate to the attending physician, who will complete the medical certification and return it to the funeral director for filing with the local registrar.

The certificate must be filed by the funeral director with the local registrar of the district in which the death occurred. This must be done within three days after such death, and prior to the removal of the body from the area or other disposition of the body.

The Certificate of Fetal Death

A special form is used to register a fetal death; an exhibit of the Montana fetal death certificate is shown in the Appendix.

If the fetus was delivered in a hospital, the hospital usually will furnish the funeral director with a certificate of fetal death with the medical and personal information completed. The funeral director will complete the section related to the disposal of the remains, and present the certificate to the local registrar for filing.

If the hospital does not furnish the funeral director a certificate of fetal death, or a certificate of death, when releasing the body of an infant, the funeral director should inquire to determine whether a fetal or an early infant death was involved so he will know how to register the event.

It should be noted here that the certificate of fetal death has a confidential lower portion for medical and health use only. This portion contains certain personal and medical information. The personal information, and certain of the items related to the medical history of the mother, is to be obtained from the informant, usually the mother. The other items, related to the delivery, such as birth injuries and congenital malformations, are provided by the physician. In most cases, the information in the confidential section will have been filled in by the hospital when the funeral director receives it. If the information is not recorded, the funeral director should obtain it from the proper source.

Details on how the confidential portion of the certificate is to be filled out are provided in Part II, Chapter 3, "Specific Instructions for Completing the Certificate of Fetal Death."

If no physician or midwife attended the fetal death, the coroner may assume jurisdiction. In that case, the coroner will usually provide all the personal and medical information required on the certificate.

Where the personal information is not provided, the funeral director will obtain the information from the mother, next-of-kin, or reliable informant.

The certificate of fetal death is filed by the funeral director with the local registrar of the district in which fetal death occurred. This must be done within three days after fetal death, and prior to the removal from the area or other disposition of the fetus.

The Funeral Directors' Section of the Certificate

One section of the certificates of death and fetal death pertain specifically to the work of the funeral director.

The funeral director must specify whether the body was buried, cremated, or removed. The name and address of the cemetery or crematory is given. The date on which burial, cremation, or removal took place is also provided. The name and address of the funeral home is given. The mortician license number of the mortuary who embalmed the body is also provided, and the funeral director signs the certificate. A facsimile of the section pertaining to the funeral director is shown below.

BURIAL	BURIAL, CREMATION, REMOVAL (SPECIFY) 25a.	CEMETERY OR CREMATORY NAME 25b.	LOCATION 25c.	CITY AND TOWN, STATE
	DATE (MONTH, DAY, YEAR) 25d.	FUNERAL HOME - NAME AND ADDRESS 25e.	(DIRECT OR CREM., CITY AND TOWN, STATE, ZIP)	
	FUNERAL DIRECTOR - SIGNATURE 25f.	LOCAL REGISTRAR - SIGNATURE 25g.	Mort. Lic. No. 25h.	
			DATE RECD. BY LOCAL REG. 25i.	

Correcting Certificates of Death or Fetal Death

The State Registrar has statutory authority for correcting or amending a certificate of death or fetal death after it has been registered in the State Office of Vital Statistics. This makes it possible to add information that was unknown at the time the certificate was filled out and filed by the funeral director or to correct the record when, through error or misrepresentation, erroneous information has been recorded.

Any correction must be made in connection with the original certificate. Generally an affidavit for correction may be submitted by the funeral director, hospital, physician, coroner, informant, a relative or other person with a legitimate personal or property right interest in the record.

The person furnishing the information should explain the nature and reason(s) for the change; for example, "New information not available when certificate was filed;" "Erroneous information originally given;" "Additional information became known after filing" (such as, medical information, personal particulars, etc.)

The documentation required to amend certificates depends upon the item to be corrected and the circumstances surrounding the correction.

Because of the importance of attaining maximum accuracy and completeness, not just for the benefit of those to whom the record relates and the reliability of statistical data, but to protect the integrity of the vital statistics system, anyone having knowledge of the existence of an incomplete or incorrect record is encouraged to contact the State Registrar of Vital Statistics.

Chapter 3

Burial-Transit Permits

The funeral director must secure explicit authorization from the local registrar before he may remove, bury, cremate, disinter, reinter, or otherwise dispose of a dead human body. It is the funeral director's responsibility to secure this authorization in the form of a burial-transit or disinterment permit.

A facsimile of the Montana Burial-Transit Permit is shown below:

STATE OF MONTANA

BURIAL - TRANSIT PERMIT

STATE BOARD OF HEALTH

Division of Records and Statistics

Burial Permit No. _____

Full Name of Deceased _____ Cause of _____

Place of Death _____ (City) _____ (State) _____ Death _____

Date of Death _____, 19____ Color _____ Sex _____ Age _____

Method of Disposal _____ (Whether Burial, Cremation, Transit, Storage, Etc.) _____ (Cemetery or Crematory) _____ (County) _____ (State) _____

Funeral Director _____ Address _____

PERMIT

A certificate of death having been filed as required by the laws of the State of Montana, permission is hereby given to Embalmer _____ License No. _____ to dispose of the body as above stated.

Dated at _____ (Registrar's Address) this _____ day of _____, 19____

Signature _____

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____, 19____ in _____ (State Whether Cremated, Buried, Stored, etc.) _____ (Cemetery or Crematory)

Place _____ Signature _____ (Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

When a Burial-Transit Permit Is Used

A burial-transit permit is required before a dead human body can be legally:

1. Removed from the county;
2. Held beyond three days after death;
3. Buried or interred in a grave, crypt or tomb;

4. Cremated;
5. Surrendered for scientific or educational study; or
6. Disposed of in any other manner.

Obtaining and Using a Permit

A death certificate for the deceased person must be filed with the local registrar before a burial-transit permit can be issued. The funeral director, or person acting as such, is responsible for filing a complete and satisfactory certificate with the local registrar of the registration district in which death occurred or the body was found. This must be done not later than three days after the death or the finding of the body. If the local registrar finds the certificate acceptable, he will issue the burial-transit permit to the funeral director.

The burial-transit permit must be given to the sexton in charge of the cemetery in which the body is buried or to the person in charge of the crematory in which the body is cremated. This person should endorse the permit and present it to the local registrar of the registration district in which the final disposition took place.

If no sexton or other person is in charge of the cemetery, the funeral director must assume the responsibilities of the sexton. The funeral director should endorse the permit and forward it to the local registrar of the district in which final disposition took place.

Other Provisions

- a. A burial-transit permit issued by a local registrar is sufficient authority to dispose of a dead human body.
- b. A burial-transit permit is required for the disposal of part of a dead human body.
- c. A burial-transit permit is not required for the disposal of part

of a living human body, such as an amputated arm or leg, except when the part is to be interred in a cemetery. In such case, the funeral director should apply to the local registrar of the district in which the cemetery is located for a burial-transit permit.

- d. A burial-transit permit is not required for the disposal of a dead fetus delivered before the 20th week of pregnancy, unless the fetus is to be interred in a cemetery.
- e. A burial-transit permit may be obtained for the disposal of the remains of repatriated U.S. war dead upon presentation by the funeral director of the U.S. Quartermaster Corps' "Basic Health Permit" and sufficient information to complete a burial-transit permit.
- f. Authorization to use a dead human body for teaching purposes in a medical or mortuary school or hospital, or to preserve the body for a medical specimen, must be given by the local registrar on a regular burial-transit permit, just as in the case of any other method of disposition. Such permit is to be issued only to a regularly licensed funeral director upon presentation of a complete and satisfactory certificate of death or fetal death.

A Note on Disinterment

The funeral director desiring to have a dead human body disinterred must present an application for disinterment-reinterment to the local registrar of the district in which the disinterment is to occur. The next-of-kin, a court of law, or other authorized person may execute the application, which will be honored by the local registrar if, to his

knowledge, no controversy exists. Controversies are to be referred to a district court.

A disinterred human body transported by common carrier or by private conveyance is subject to the same rules as any other dead human body.

PART II. INSTRUCTIONS FOR COMPLETING CERTIFICATES

Chapter 1

General Instructions

Standards for Completing Death, Birth, and Fetal Death Certificates

Birth, fetal death, and death certificates are permanent records and official copies are made from them. Therefore, it is essential that the certificates be prepared in accordance with the following standards:

- A. Use the current form designated by the State.
- B. Type all entries whenever possible. Do not use worn typewriter ribbons. If a typewriter is not used, print legibly in dark, unfading ink. Black ink gives the best copies.
- C. Complete all items or attach a note explaining any omissions.
- D. Do not make alterations or erasures.
- E. All signatures must be written. Rubber stamp or other facsimile signatures are not acceptable.
- F. Do not submit carbon copies, reproductions or duplicates for filing. The registrar will accept originals only.
- G. Avoid abbreviations.
- H. Spell entries correctly. Verify names which sound the same, but have different spellings (Smith vs. Smyth, Gail vs. Gayle, Wolf vs. Wolfe; etc.)
- I. Refer problems not covered in specific instructions to the State Registrar, or local registrar.

Chapter 2

Specific Instructions for Completing the Death Certificate

The instructions below are arranged for the Montana Certificate of Death. The form is shown in Appendix A.

1. DECEASED - NAME: FIRST, MIDDLE, LAST

-Capitalize each letter of the last name

-Enter fully-spelled first and middle names.

2. SEX

-Enter male or female. Verify the entry of sex against the given name.

3. DATE OF DEATH (MONTH, DAY, YEAR)

-Enter month, day, and year that death occurred.

-Spell or abbreviate the name of the month. Do not use numbers for months, such as 6/4/68 for June 4, 1968.

-Pay particular attention to the entry of month, day, and year when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next.

4. RACE - WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

-Enter the race of the deceased as stated by the informant.

-For non-white groups other than Negro or American Indian, obtain the national origin of the deceased, such as Chinese, Japanese, Korean, Filipino, Hawaiian, etc.

-If the informant indicates that the deceased is of "Mixed Race," enter both races or national origins.

5. AGE -

Make an entry in 5a; 5b; or 5c, depending on the age of the deceased.

5a. LAST BIRTHDAY (YEARS)

-Enter the age of the deceased at last birthday.

-If the deceased is under 1 year of age, leave this space blank.

DEATH CERTIFICATE

5b. UNDER ONE YEAR - MONTHS, DAYS

-Enter the age of the deceased in months and days at time of death.

-If the deceased is under 1 day of age, leave this space blank.

5c. UNDER ONE DAY - HOURS, MINUTES

-Enter the number of hours and minutes the infant lived.

6. DATE OF BIRTH (MONTH, DAY, YEAR)

-Enter the exact month, day, and year that the deceased was born.

-Spell or abbreviate the name of the month. Do not use numbers for months, such as 6/4/28 for June 4, 1928.

7a. COUNTY OF DEATH

-Enter the name of the county where death occurred.

NOTE: For deaths occurring on a moving conveyance, enter the information for place of death (Items 7a. through 7d.) as if the death had occurred at the place where the body was first removed from the conveyance.

7b. CITY, TOWN, OR LOCATION OF DEATH

-Enter the name of city, town, or location where death occurred.

-For deaths occurring on a moving conveyance, see NOTE in 7a. above.

7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)

-Enter "Yes" if the death occurred inside the boundaries of an incorporated city, or location mentioned in 7b. above. Otherwise enter "No."

-For deaths occurring in a moving conveyance, see NOTE in 7a. above.

7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

-If the death occurred in a hospital, or other institution, enter the full name of the hospital or institution.

-If death did not occur in a hospital or other institution, give street address or name of exact location.

DEATH CERTIFICATE

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

- If the deceased was born in the United States, enter the name of the State.
- If the deceased was not born in the United States, enter the name of the country.
- If the deceased is known to have been born in the United States, but the State is unknown, enter "U.S. - Unknown."
- If the deceased is known to have been born in a foreign country, but the country is unknown, enter "Foreign - Unknown."
- If no information is available regarding place of birth, enter "Unknown."

9. CITIZEN OF WHAT COUNTRY

- If deceased was a citizen of the United States, either native born or naturalized, enter "U.S.A."
- Otherwise enter name of country of citizenship.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

- Enter the marital status of the deceased at time of death. Specify one of the following: Married, Never Married, Widowed, Divorced.

11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

- If deceased was married at time of death, enter name of surviving spouse.
- If the surviving spouse is the wife, give full maiden name.

12. SOCIAL SECURITY NUMBER

- Enter the complete and accurate Social Security account number of the deceased.

13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)

- Enter the usual occupation of the deceased.

"Usual occupation" is the kind of work the deceased did during most of his working life, such as claim adjuster, farm hand, coal miner, janitor, store manager, college professor, civil engineer, etc.

- "Retired" is not an acceptable category.

DEATH CERTIFICATE

-Enter "Student" if the deceased was a student at the time of death and was never regularly employed.

NOTE: Both Items 13a. and 13b. are filled out if the deceased was 14 years of age or over, even if retired, disabled or institutionalized at time of death.

13b. KIND OF BUSINESS OR INDUSTRY

-Enter the kind of business or industry to which the occupation listed in 13a. was related.

Examples of businesses or industries are: insurance, farming, coal mining, hardware store, retail clothing, university, government.

-Do not enter firm or organization names.

-See NOTE in 13a. above.

14. RESIDENCE OF DECEASED:

14a. STATE

-Enter the name of the State in which the deceased actually resided. If the deceased was a resident of Canada, show the name of the province; if a resident of some other foreign country, show the name of the country.

-This may differ from the State in the Post Office address.

NOTE: Residence of the deceased is the place where he or she usually slept. This is not necessarily the same as "home State," "voting residence," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary.

If deceased lived in a hospital, sanitorium, nursing-convalescent home, or other institution at the time of death, the place of residence before admission is reported.

If deceased is a child, its residence is given as that of its mother, legal guardian, or custodian.

14b. COUNTY

-Enter the name of the county in which the deceased

DEATH CERTIFICATE

actually resided. This may differ from the county used in the deceased's Post Office address.

-See NOTE under Item 14a. for explanation of residence.

14c. CITY, TOWN, OR LOCATION

-Enter the name of the city, town, or location where the deceased actually resided. This may differ from the city, town, or location used in the Post Office address.

-See NOTE under Item 14a. for explanation of residence.

14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)

-Enter "Yes" if the deceased's residence is inside the boundaries of the incorporated city, town, or location mentioned in 14c. above. Otherwise enter "No".

14e. STREET AND NUMBER

-Enter the house number and street name of the place where the deceased resided.

-If this place has no number and street name, enter the RFD number, box number, or route number, showing which of these kinds of numbers was used.

-See NOTE under Item 14a. for explanation of residence.

15. FATHER - NAME: FIRST, MIDDLE, LAST

-Enter the full name of the father of the deceased.

16. MOTHER - MAIDEN NAME: FIRST, MIDDLE, LAST

-Enter the full maiden name of the mother of the deceased.

17a. INFORMANT - NAME

-Enter the name of the person who furnished the personal facts about the deceased and his family.

17b. MAILING ADDRESS (STREET OR RFD NUMBER, CITY OR TOWN, STATE, ZIP)

-Enter the complete mailing address of the informant whose name appears in Item 17a.

18. CAUSE OF DEATH - PART I. DEATH WAS CAUSED BY:

-This section is to be completed by the attending physician or coroner.

DEATH CERTIFICATE

18. CAUSE OF DEATH - PART II. OTHER SIGNIFICANT CONDITIONS:

-This section is to be completed by the attending physician or coroner.

19a. AUTOPSY (YES OR NO)

-This section is to be completed by the attending physician or coroner.

19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

-This section is to be completed by the attending physician or coroner.

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)

-This section is to be completed by the attending physician or coroner.

-NOTE: In cases where death is apparently from external causes, the physician should notify the coroner.

20b. DATE OF INJURY (MONTH, DAY, YEAR)

-This section is to be completed by the attending physician or coroner.

20c. HOURL

-This section is to be completed by the attending physician or coroner.

20d. HOW INJURY OCCURRED

-This section is to be completed by the attending physician or coroner.

20e. INJURY AT WORK (SPECIFY YES OR NO)

-This section is to be completed by the attending physician or coroner.

20f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC., (SPECIFY)

-This section is to be completed by the attending physician or coroner.

20g. LOCATION (STREET OR RFD NUMBER, CITY OR TOWN, STATE)

-This section is to be completed by the attending physician or coroner.

DEATH CERTIFICATE

21. CERTIFICATION: PHYSICIAN

-This section is to be completed by the attending physician.

22. CERTIFICATION: CORONER

-This section is to be completed by the coroner.

23a. CERTIFIER - NAME (TYPE OR PRINT)

-This section is to be completed by the attending physician or coroner.

23b. SIGNATURE - DEGREE OR TITLE

-This section is to be completed by the attending physician or coroner.

23c. DATE SIGNED (MONTH, DAY, YEAR)

-This section is to be completed by the attending physician or coroner.

24. MAILING ADDRESS - CERTIFIER (STREET OR RFD NUMBER, CITY OR TOWN, STATE, ZIP)

-This section is to be completed by the attending physician or coroner.

25a. BURIAL, CREMATION, REMOVAL (SPECIFY)

-Specify "Burial", "Cremation", or "Removal" in accordance with the circumstances.

-If body is to be used by a hospital, medical or mortuary school for scientific or educational purposes, enter "Removal" and specify the disposition of the body in Items 25b. and 25c.

25b. CEMETERY OR CREMATORY - NAME

-Give the name of the cemetery or crematory, if applicable.

-If body was removed to another area, give the name of the cemetery or crematory in that area to which the body is removed.

-If body is to be used by a hospital, medical or mortuary school for scientific or educational purposes, give the name of that institution.

25c. LOCATION (CITY OR TOWN, STATE)

-Enter the name of the city or town, and State, where the cemetery or crematory is located.

DEATH CERTIFICATE

-If body is to be used for scientific purposes, give name of the city or town, and State, where institution is located.

25d. DATE (MONTH, DAY, YEAR)

-Enter the month, day, year of burial, cremation, or removal.

-Spell or abbreviate the name of the month (Jan., Feb., etc.).
Do not use numbers for months such as 6/4/68 for June 4, 1968.

26a. MORTUARY - NAME AND ADDRESS (STREET OR RFD NUMBER, CITY OR TOWN, STATE, ZIP)

-Enter the name and the complete address of the mortuary.

26b. FUNERAL DIRECTOR OR MORTICIAN - SIGNATURE

-The funeral director or mortician signs the certificate.

27a. LOCAL REGISTRAR - SIGNATURE

-Omit this item. It will be completed by the registrar when the certificate is filed.

27b. DATE RECEIVED BY LOCAL REGISTRAR

-Omit this item. It will be completed by the registrar when the certificate is filed.

Chapter 3

Specific Instructions for Completing The Fetal Death Certificate

The Upper Portion of the Fetal Death Certificate

The upper portion of the Fetal Death Certificate contains items necessary for the identification of the fetus and for a description of where and when the delivery occurred; the cause of death certification statement; and information concerning the disposal of the fetus.

These are the items of information which are required when a fetal death certificate is filed.

1. FETUS - NAME: FIRST, MIDDLE, LAST

-If the parents do not provide given names for the fetus, enter the last name only.

-Capitalize each letter of the last name.

-Last name:

-For a fetus born to a married mother, enter the last name of the mother's husband.

-For a fetus born to a mother who was not married at the time of birth or within 10 months prior to the birth, enter the last name of the mother.

-For a fetus conceived during wedlock but born after the death of the husband or after a divorce has been granted, enter the last name of the deceased or divorced husband.

-Refer problems not covered in these instructions to the local registrar.

2a. DATE OF DELIVERY (MONTH, DAY, YEAR)

-Enter the exact month, day, and year that the fetus was delivered.

-Spell or abbreviate the name of the month (Jan., Feb., etc.).

Do not use numbers for months such as 6/4/68 for June 4, 1968.

FETAL DEATH CERTIFICATE

-Pay particular attention to the entry of month, day, and year when the birth occurs around midnight or December 31. Consider a birth at midnight to have occurred at the end of one day rather than the beginning of the next day.

2b. HOOR

-Enter the exact time (hour and minutes) that the fetus was delivered according to local time.

-Enter 12 Noon as "12 Noon." One minute after 12 Noon is entered as "12:01 P.M."

-Enter 12 Midnight as "12 Mid." One minute after 12 Midnight is entered as "12:01 A.M."

3. SEX

-Enter male, female, or undetermined. Verify the entry of sex against the given name.

4a. THIS DELIVERY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)

-Specify the delivery as single, twin, triplet, quadruplet, etc.

4b. IF NOT SINGLE DELIVERY - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)

-Specify the order in which this fetus was delivered -- First, second, etc.

-NOTE: When a plural birth occurs, prepare a separate certificate for each fetus. File certificates relating to the same multiple birth set at the same time. However, do not hold the completed certificates while waiting for uncompleted ones, if it will result in late filing.

5a. COUNTY OF DELIVERY

-Enter the name of the county where the delivery occurred.

-NOTE: For a delivery occurring on a moving conveyance, enter the information for place of delivery (Items 5a. through 5d.) as if the delivery had occurred at the place where the fetus was first removed from the conveyance since that is where the death will be registered.

5b. CITY, TOWN, OR LOCATION OF DELIVERY

-Enter the name of the city, town, or location where the delivery occurred.

-For a delivery occurring on a moving conveyance, see NOTE under Item 5a. above.

FETAL DEATH CERTIFICATE

5c. INSIDE CITY LIMITS (SPECIFY YES OR NO)

-Enter "Yes" if the delivery occurred inside the boundaries of the incorporated city, town, or location, mentioned in Item 5b. Otherwise, enter "No".

-For a delivery occurring on a moving conveyance, see NOTE under Item 5a.

5d. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)

-If the delivery occurred in a hospital, enter the full name of the hospital.

-If the delivery occurred enroute to a hospital, enter the name of the hospital, and add the word "Enroute."

-If the delivery did not occur in a hospital or other institution, nor enroute, give a street address or name of exact location.

6a. MOTHER - MAIDEN NAME: FIRST, MIDDLE, LAST

-Enter the maiden name of the mother.

-If the mother is married, widowed, or divorced be sure to enter her maiden name, not a last name acquired by marriage.

6b. AGE (AT TIME OF THIS DELIVERY)

-Enter the age of the mother at her last birthday.

6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

-If the mother was born in the United States, enter the name of the State.

-If the mother was not born in the United States, enter the name of the country.

-If the mother is known to have been born in the United States, but the State is unknown, enter "U.S. - Unknown."

-If the mother is known to have been born in a foreign country, but the country is unknown, enter "Foreign - Unknown."

-If no information is available regarding place of birth, enter "Unknown."

7a. MOTHER'S RESIDENCE: STATE

-Enter the name of the State in which the mother actually resides. This may differ from the State used in her Post Office address.

FETAL DEATH CERTIFICATE

If the mother was a resident of Canada, show the name of the province; if a resident of some other foreign country, show the name of the country.

-NOTE: Mother's residence is the place where she has set up housekeeping and where she usually sleeps. This is not necessarily the same as her "Home State," "Voting Residence," or "Legal Residence." Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth of a child is considered to be temporary and should not be entered here. Place of residence during a tour of military duty is not considered as temporary.

7b. MOTHER'S RESIDENCE: COUNTY

-Enter the name of the county in which the mother actually resides. This may differ from the county used in her Post Office address.

-See NOTE under Item 7a. above for explanation of "Residence."

7c. MOTHER'S RESIDENCE: CITY, TOWN, OR LOCATION

-Enter the name of the city, town, or location where the mother actually resides. This may differ from the city, town, or location used in her Post Office address.

-See NOTE under Item 7a. above for explanation of "Residence."

7d. INSIDE CITY LIMITS (SPECIFY YES OR NO)

-Enter "Yes" if the mother's residence is inside the boundaries of the incorporated city, town, or location, mentioned in 7c. Otherwise, enter "No."

7e. STREET AND NUMBER

-Enter the house number and street name of the place where the mother lives.

-If this place has no number and street name, enter the R.F.D. number, box number, or route number, showing which of these kinds of numbers was used.

8a. FATHER - NAME: FIRST, MIDDLE, LAST

-If the fetus was:

-Born to a mother who was married at the time of delivery, enter the name of her husband.

FETAL DEATH CERTIFICATE

-Conceived in wedlock, but delivered after a divorce was granted or after the husband died, enter the name of the mother's deceased or divorced husband.

-Conceived and delivered out of wedlock to a divorced, widowed, or never married mother, make no entry regarding the father's name and omit Items 8b. and 8c. Information regarding the father may be shown if affidavits from both the mother and father acknowledging the paternity of the child accompany the birth certificate.

-NOTE: If name of father is shown in Item 8a., supply the other items of information regarding the father called for in Items 8b., 8c., 17, and 18.

-Entries of Jr., Sr., II, etc., following the last name are acceptable.

-Refer problems regarding the entry of the father's name to the State Registrar.

8b. AGE (AT TIME OF THIS DELIVERY)

-Enter the age of the father at his last birthday.

-See NOTE under Item 8a. above.

8c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

-If the father was born in the United States, enter the name of the State.

-If the father was not born in the United States, enter the name of the country.

-If the father is known to have been born in the United States, but the State is unknown, enter "U.S. - Unknown."

-If the father is known to have been born in a foreign country, but the country is unknown, enter "Foreign - Unknown."

-If no information is available regarding place of birth, enter "Unknown."

-See NOTE under Item 8a. above.

9. CAUSE OF DEATH - PART I. FETAL DEATH WAS CAUSED BY:

-This section is to be completed by the attending physician.

9. CAUSE OF DEATH - PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER:

-This section is to be completed by the attending physician.

FETAL DEATH CERTIFICATE

10. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (SPECIFY)

-This section is to be completed by the attending physician.

11a. AUTOPSY (SPECIFY YES OR NO)

-This section is to be completed by the attending physician.

11b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

-This section is to be completed by the attending physician.

12a. I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD - SIGNATURE:

-This section is to be completed by the attending physician or other attendant.

12b. DATE SIGNED (MONTH, DAY, YEAR)

-This section is to be completed the the attending physician.

12c. ATTENDANT: M.D., D.O., MIDWIFE, OTHER (SPECIFY)

-This section is to be completed by the attendant.

12d. ATTENDANT - MAILING ADDRESS (STREET OR RFD NUMBER, CITY OR TOWN, STATE, ZIP)

-This section is to be completed by the attending physician.

13. AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN) - SIGNATURE

-Obtain the signature of the coroner if the delivery occurred in the absence of an attendant or if the attendant fails to sign the certificate.

14a. BURIAL, CREMATION, REMOVAL (SPECIFY)

-Specify "Burial," "Cremation," or "Removal," in accordance with circumstances.

-If body is to be used by a hospital, medical or mortuary school for scientific or educational purposes, enter "Removal" and specify the disposition of the body in Items 14b. and 14c.

14b. CEMETERY OR CREMATORY - NAME

-Give the name of the cemetery or crematory, if applicable.

-If body was removed to another area, give the name of the cemetery or crematory in that area to which body is removed.

FETAL DEATH CERTIFICATE

-If body is to be used by a hospital, medical or mortuary school for scientific or educational purposes, give the name of that institution.

14c. LOCATION - CITY OR TOWN, STATE

-Enter the name of the city or town, and State, where the cemetery or crematory is located.

-If body is to be used for scientific purposes, give name of the city or town, and State, where institution is located.

14d. DATE (MONTH, DAY, YEAR)

-Enter the month, day, year of burial, cremation, or removal.

-Spell or abbreviate the name of the month (Jan., Feb., etc.). Do not use numbers for months such as 6/4/68 for June 4, 1968.

15a. MORTUARY - NAME AND ADDRESS (STREET OR RFD NUMBER, CITY OR TOWN, STATE, ZIP)

-Enter the name and the complete address of the mortuary.

15b. FUNERAL DIRECTOR OR MORTICIAN - SIGNATURE

-The funeral director or mortician signs the certificate.

16a. LOCAL REGISTRAR - SIGNATURE

-Omit this item. It will be completed by the local registrar when the certificate is filed.

16b. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

-Omit this item. It will be completed by the registrar when the certificate is filed.

The Lower Portion of the Fetal Death Certificate

Items 17-31 are contained in the portion of the certificate labeled "Confidential Information for Medical and Health Use Only." These items do not appear on certified copies of the certificate, except under unusual circumstances, but are used for a variety of important purposes.

For example, the race and education of parents are used with other information on the certificate to evaluate the effect of socioeconomic factors.

FETAL DEATH CERTIFICATE

Because of differences in these socioeconomic factors, various groups in the population have different birth characteristics. By statistical analysis of these characteristics, the influence of social and health problems of these groups can be evaluated.

The number of previous deliveries, both live births and fetal deaths, assist in estimating future birth rates and examining the effect of changing social and economic conditions on the number of children couples decide to have.

The dates of the mother's last live birth and last fetal death allow studies of the time interval between children. Understanding of patterns in child-spacing practices is necessary to interpret changes in birth rate trends. In addition, the outcome of a pregnancy following a fetal death is of interest to physicians and other medical research workers.

The weight of a fetus is closely related to its gestational age. The date of last normal menses also is used to calculate gestational age which is useful in the study of fetal loss. The month of pregnancy in which a mother began her prenatal care and the number of prenatal visits she had are also related to the outcome of pregnancy as well as to her own health. Thus, these items are important to those interested in improving health and medical services for mothers and babies.

The other items in this section are similarly useful for statistical research and for medical purposes.

17. RACE - FATHER: WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

-Enter the race of the father as it is obtained from the parents or other informant.

-For nonwhite groups other than Negro or American Indian, obtain the national origin of the father, such as Chinese, Japanese, Korean, Filipino, Hawaiian, etc.

FETAL DEATH CERTIFICATE

-If the informant indicates that the father is of "Mixed Race," enter both races or national origins.

-See NOTE under Item 8a.

18. EDUCATION - FATHER: SPECIFY HIGHEST GRADE COMPLETED

-Enter the number of the highest grade completed in "regular" schooling in the space for elementary school or high school or college. The other spaces should be left blank.

-NOTE: Do not enter any other kind of schooling or training. While beauty and barber schools, business or trade schools, and the like are important, they are not considered "regular" schools for the purpose of this item.

-See NOTE under Item 8a.

19a. PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN ARE NOW LIVING

-Enter the number of other children born alive to this mother who are still living at the time of this delivery.

-Enter zero if this is the first delivery to this mother, or if all previous children are dead.

-NOTE: When certificates are prepared for a multiple birth, the certificate for the infant born first should exclude all outcomes of the present delivery just as if it were being prepared for a single birth. However, the certificate for the second-born of a twin set should include information about the first-born twin. Similarly, the certificate for the third-born of a triplet set should include information about the first- and second-born.

19b. PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN WERE BORN ALIVE - NOW DEAD

-Enter the number of other children born alive to this mother, who are no longer living at the time of this birth. Do not include this delivery.

-Enter zero if this is the first delivery to this mother, or if all previous children are still living.

-If this delivery is one member of a multiple birth (twins, triplets, etc.), see NOTE in Item 19a. above.

19c. PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN WERE BORN DEAD (FETAL DEATH AT ANY TIME AFTER CONCEPTION)

-Enter the number of previous pregnancies that did not result in a live born infant. Do not include this delivery.

FETAL DEATH CERTIFICATE

-Include each fetal death (each recognized loss of a product of conception, such as miscarriage, abortion, and stillbirth).

-Enter zero if this is the first pregnancy for this mother or if all previous pregnancies resulted in live born infants.

20. RACE - MOTHER: WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)

-Enter the race of the mother as it is obtained from the parents or other informant.

-If the informant indicates that the mother is of "Mixed Race", enter both races or national origins.

-For nonwhite groups other than Negro or American Indian, obtain the national origin of the mother, such as Chinese, Japanese, Korean, Filipino, Hawaiian, etc.

21. EDUCATION - MOTHER: SPECIFY HIGHEST GRADE COMPLETED

-Enter the number of the highest grade completed in "regular" schooling in the space for elementary school or high school or college. The other spaces should be left blank.

-NOTE: Do not enter any other kind of schooling or training. While they are important, beauty and barber schools, business or trade schools, and the like, are not considered "regular" schools for the purpose of this item.

22a. DATE OF LAST LIVE BIRTH: MONTH, DAY, YEAR

-This information should be provided by the physician or the hospital.

22b. DATE OF LAST FETAL DEATH: MONTH, DAY, YEAR

-This information should be provided by the physician or the hospital.

23. DATE LAST NORMAL MENSES BEGAN: MONTH, DAY, YEAR

-This information should be provided by the physician or the hospital.

24a. MONTH OF PREGNANCY PRENATAL CARE BEGAN: 1st, 2nd, etc. (SPECIFY)

-This information should be provided by the physician or the hospital.

24b. PRENATAL VISITS: TOTAL NUMBER - IF NONE, SO STATE

-This information should be provided by the physician or the hospital.

FETAL DEATH CERTIFICATE

25. BIRTH WEIGHT

-This information should be provided by the physician or the hospital.

26. COMPLICATIONS RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")

-This information should be provided by the physician or the hospital.

27. BIRTH INJURIES TO FETUS (DESCRIBE OR WRITE "NONE")

-This information should be provided by the physician or the hospital.

28. COMPLICATIONS NOT RELATED TO PREGNANCY (DESCRIBE OR WRITE "NONE")

-This information should be provided by the physician or the hospital.

29. CONGENITAL MALFORMATIONS OR ANOMALIES OF FETUS (DESCRIBE OR WRITE "NONE")

-This information should be provided by the physician or the hospital.

30. COMPLICATIONS OF LABOR (DESCRIBE OR WRITE "NONE")

-This information should be provided by the physician or the hospital.

31. INFORMANT

-Enter the name of the person who supplied the information regarding the fetus and the parents.

APPENDIX

- A. The Montana Certificate of Death
- B. The Montana Certificate of Fetal Death
- C. The Montana Burial-Transit Permit Form
- D. The Vital Statistics Registration System in the United States.

APPENDIX A.

THE MONTANA CERTIFICATE OF DEATH

VS 3

TYPE OR PRINT IN
PERMANENT INK
SEE INSTRUCTIONS

Records & Statistics, Montana State Department of Health

LOCAL RESIDENCE - NAME
LOCAL RESIDENCE - ADDRESS
LOCAL RESIDENCE - CITY
LOCAL RESIDENCE - STATE
LOCAL RESIDENCE - ZIP

LOCAL FILE NUMBER		MONTANA CERTIFICATE OF DEATH				STATE FILE NUMBER	
DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. RACE - WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		2. AGE - LAST BIRTHDAY (YEAR)	3. UNDER 1 YEAR AGE	4. UNDER 1 DAY MONTH, MIN.	5. DATE OF BIRTH (MONTH, DAY, YEAR)	6. COUNTY OF DEATH	
7. CITY, TOWN, OR LOCATION OF DEATH		8. INSIDE CITY LIMITS SPECIFY YES OR NO		9. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN STATE, GIVE STREET AND NUMBER)			
10. DECEASED		11. STATE OF BIRTH (IF NOT IN U.S. GIVE COUNTRY)		12. CITIZEN OF U.S. OR COUNTRY		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
14. SOCIAL SECURITY NUMBER		15. USUAL OCCUPATION (GIVE KIND OF MATERIAL BUSINESS MOST OF WORKING LIFE, EVEN IF RETIRED)		16. KIND OF BUSINESS OR INDUSTRY			
17. RESIDENCE - STATE		18. COUNTY		19. CITY, TOWN, OR LOCATION		20. STREET AND NUMBER	
21. FATHER - NAME		FIRST	MIDDLE	LAST	22. MOTHER - MAIDEN NAME		
23. INFORMANT - NAME		24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
26. PART 1. DEATH WAS CAUSED BY		27. ENTIRE CAUSE OR ONE CAUSE FOR LINE FOR (a), (b), AND (c)				28. IMMEDIATE CAUSE	
29. (a) DUE TO, OR AS A CONSEQUENCE OF		30. (b) DUE TO, OR AS A CONSEQUENCE OF				31. (c) DUE TO, OR AS A CONSEQUENCE OF	
32. CAUSED		33. PART 2. OTHER SIGNIFICANT CONDITIONS:				34. AUTOPSY SPECIFY YES OR NO	
35. ACCIDENT, SUICIDE, HOMICIDE, OR UNDERSTANDING (SPECIFY)		36. DATE OF INJURY (MONTH, DAY, YEAR)		37. HOUR		38. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART 1 OR PART 2, IF APPROPRIATE)	
39. INJURY AT WORK SPECIFY YES OR NO		40. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		41. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		42. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
43. CERTIFICATION - MONTH		DAY	MONTH	DAY	YEAR	44. I DID NOT VIEW THE BODY AFTER DEATH.	
45. CERTIFICATION - COUNTRIES ON THE BASIS OF THE EXAMINATION OF THE BODY AFTER THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DAY IN THE CAUSE OF DEATH.		46. SIGNATURE		47. DECEASED WAS PRONOUNCED DEAD ON		48. AT	
49. CERTIFIER - NAME (TYPE DERIVAT)		50. SIGNATURE		51. DECEASED TIME		52. DATE SIGNED (MONTH, DAY, YEAR)	
53. MAILING ADDRESS - CONTINUED		54. STREET OR R.F.D. NO.		55. CITY OR TOWN		56. STATE	
57. BURIAL, CREMATION, REMOVAL (SPECIFY)		58. CEMETERY OR CREMATORY NAME		59. LOCATION		60. CITY OR TOWN, STATE, ZIP	
61. DATE (MONTH, DAY, YEAR)		62. MORTUARY - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		63. LOCAL REGISTRAR - SIGNATURE		64. DATE RECD. BY LOCAL REG.	
65. FUNERAL DIRECTOR OR MORTICIAN - SIGNATURE		66. LOCAL REGISTRAR - SIGNATURE		67. DATE RECD. BY LOCAL REG.		68. DATE RECD. BY LOCAL REG.	

APPENDIX B.

THE MONTANA CERTIFICATE OF FETAL DEATH

VS 7

Records & Statistics, Montana State Department of Health

TYPE OR PRINT IN
PERMANENT INK
SEE INSTRUCTIONS

LOCAL FILE NUMBER		MONTANA CERTIFICATE OF FETAL DEATH				STATE FILE NUMBER	
FETUS - NAME		FIRST	MIDDLE	LAST	DATE OF DELIVERY (MONTH, DAY, YEAR) HOUR		
1. SEA		THIS DELIVERY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE DELIVERY BORN FIRST SECOND, THIRD, ETC. (SPECIFY)		2a. COUNTY OF DELIVERY	
3. CITY, TOWN, OR LOCATION OF DELIVERY		INSIDE CITY LIMITS SPECIFY WARD OR BLOCK		HOSPITAL - NAME		(IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS DELIVERY)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
6a. RESIDENCE		STATE		COUNTY		CITY, TOWN, OR LOCATION	
7a. FATHER - NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS DELIVERY)		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8a. PART I. FETAL DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
CAUSE		IMMEDIATE CAUSE (a)					
		DUE TO, OR AS A CONSEQUENCE OF:					
		DUE TO OR AS A CONSEQUENCE OF:					
PART II. OTHER SIGNIFICANT CONDITIONS OF FETUS OR MOTHER:		FETUS DIED BEFORE LABOR, DURING LABOR, OR DELIVERY, UNKOWN (SPECIFY)					
		AUTOPSY (YES OR NO)					
		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?					
I CERTIFY THAT THIS DELIVERY OCCURRED ON THE DATE STATED ABOVE AND THE FETUS WAS BORN DEAD		DATE SIGNED (MONTH, DAY, YEAR)		ATTENDANT - M.D., D.O., MIDWIFE, OTHER (SPECIFY)			
ATTENDANT		12a. SIGNATURE		12b. SIGNATURE		12c. SIGNATURE	
ATTENDANT - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		12d.		AUTHORIZED OFFICIAL (IF DELIVERY NOT ATTENDED BY PHYSICIAN)		13. SIGNATURE	
BURIAL		BURIAL, CREMATION, OR REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION (CITY OR TOWN, STATE)	
14a. DATE (MONTH, DAY, YEAR)		14b. MORTUARY - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		14c.		14d.	
14e. FUNERAL DIRECTOR, OR MORTICIAN - SIGNATURE		14f. LOCAL REGISTRAR - SIGNATURE		14g.		14h. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY							
FATHER		RACE - FATHER		EDUCATION - FATHER		PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN	
15. WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		16. ELEMENTARY (1, 2, 3, 4, ... OR 5)		17. HIGH SCHOOL (1, 2, 3, OR 4)		18. ARE NOW LIVING	
MOTHER		RACE - MOTHER		EDUCATION - MOTHER		PREVIOUS DELIVERIES - HOW MANY OTHER CHILDREN	
19. WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		20. ELEMENTARY (1, 2, 3, 4, ... OR 5)		21. HIGH SCHOOL (1, 2, 3, OR 4)		22. ARE NOW LIVING	
DATE LAST NORMAL (MONTH, DAY, YEAR)		MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
23. 1952, 1953, 1954, ... OR 5		24. 1, 2, 3, 4, ... OR 5		25. 1, 2, 3, 4, ... OR 5		26. 1, 2, 3, 4, ... OR 5	
27. DATE LAST NORMAL (MONTH, DAY, YEAR)		28. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
29. 1, 2, 3, 4, ... OR 5		30. 1, 2, 3, 4, ... OR 5		31. 1, 2, 3, 4, ... OR 5		32. 1, 2, 3, 4, ... OR 5	
33. DATE LAST NORMAL (MONTH, DAY, YEAR)		34. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
35. 1, 2, 3, 4, ... OR 5		36. 1, 2, 3, 4, ... OR 5		37. 1, 2, 3, 4, ... OR 5		38. 1, 2, 3, 4, ... OR 5	
39. DATE LAST NORMAL (MONTH, DAY, YEAR)		40. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
41. 1, 2, 3, 4, ... OR 5		42. 1, 2, 3, 4, ... OR 5		43. 1, 2, 3, 4, ... OR 5		44. 1, 2, 3, 4, ... OR 5	
45. DATE LAST NORMAL (MONTH, DAY, YEAR)		46. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
47. 1, 2, 3, 4, ... OR 5		48. 1, 2, 3, 4, ... OR 5		49. 1, 2, 3, 4, ... OR 5		50. 1, 2, 3, 4, ... OR 5	
51. DATE LAST NORMAL (MONTH, DAY, YEAR)		52. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
53. 1, 2, 3, 4, ... OR 5		54. 1, 2, 3, 4, ... OR 5		55. 1, 2, 3, 4, ... OR 5		56. 1, 2, 3, 4, ... OR 5	
57. DATE LAST NORMAL (MONTH, DAY, YEAR)		58. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
59. 1, 2, 3, 4, ... OR 5		60. 1, 2, 3, 4, ... OR 5		61. 1, 2, 3, 4, ... OR 5		62. 1, 2, 3, 4, ... OR 5	
63. DATE LAST NORMAL (MONTH, DAY, YEAR)		64. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
65. 1, 2, 3, 4, ... OR 5		66. 1, 2, 3, 4, ... OR 5		67. 1, 2, 3, 4, ... OR 5		68. 1, 2, 3, 4, ... OR 5	
69. DATE LAST NORMAL (MONTH, DAY, YEAR)		70. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
71. 1, 2, 3, 4, ... OR 5		72. 1, 2, 3, 4, ... OR 5		73. 1, 2, 3, 4, ... OR 5		74. 1, 2, 3, 4, ... OR 5	
75. DATE LAST NORMAL (MONTH, DAY, YEAR)		76. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
77. 1, 2, 3, 4, ... OR 5		78. 1, 2, 3, 4, ... OR 5		79. 1, 2, 3, 4, ... OR 5		80. 1, 2, 3, 4, ... OR 5	
81. DATE LAST NORMAL (MONTH, DAY, YEAR)		82. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
83. 1, 2, 3, 4, ... OR 5		84. 1, 2, 3, 4, ... OR 5		85. 1, 2, 3, 4, ... OR 5		86. 1, 2, 3, 4, ... OR 5	
87. DATE LAST NORMAL (MONTH, DAY, YEAR)		88. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
89. 1, 2, 3, 4, ... OR 5		90. 1, 2, 3, 4, ... OR 5		91. 1, 2, 3, 4, ... OR 5		92. 1, 2, 3, 4, ... OR 5	
93. DATE LAST NORMAL (MONTH, DAY, YEAR)		94. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
95. 1, 2, 3, 4, ... OR 5		96. 1, 2, 3, 4, ... OR 5		97. 1, 2, 3, 4, ... OR 5		98. 1, 2, 3, 4, ... OR 5	
99. DATE LAST NORMAL (MONTH, DAY, YEAR)		100. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
101. 1, 2, 3, 4, ... OR 5		102. 1, 2, 3, 4, ... OR 5		103. 1, 2, 3, 4, ... OR 5		104. 1, 2, 3, 4, ... OR 5	
105. DATE LAST NORMAL (MONTH, DAY, YEAR)		106. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
107. 1, 2, 3, 4, ... OR 5		108. 1, 2, 3, 4, ... OR 5		109. 1, 2, 3, 4, ... OR 5		110. 1, 2, 3, 4, ... OR 5	
111. DATE LAST NORMAL (MONTH, DAY, YEAR)		112. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
113. 1, 2, 3, 4, ... OR 5		114. 1, 2, 3, 4, ... OR 5		115. 1, 2, 3, 4, ... OR 5		116. 1, 2, 3, 4, ... OR 5	
117. DATE LAST NORMAL (MONTH, DAY, YEAR)		118. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
119. 1, 2, 3, 4, ... OR 5		120. 1, 2, 3, 4, ... OR 5		121. 1, 2, 3, 4, ... OR 5		122. 1, 2, 3, 4, ... OR 5	
123. DATE LAST NORMAL (MONTH, DAY, YEAR)		124. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
125. 1, 2, 3, 4, ... OR 5		126. 1, 2, 3, 4, ... OR 5		127. 1, 2, 3, 4, ... OR 5		128. 1, 2, 3, 4, ... OR 5	
129. DATE LAST NORMAL (MONTH, DAY, YEAR)		130. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
131. 1, 2, 3, 4, ... OR 5		132. 1, 2, 3, 4, ... OR 5		133. 1, 2, 3, 4, ... OR 5		134. 1, 2, 3, 4, ... OR 5	
135. DATE LAST NORMAL (MONTH, DAY, YEAR)		136. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
137. 1, 2, 3, 4, ... OR 5		138. 1, 2, 3, 4, ... OR 5		139. 1, 2, 3, 4, ... OR 5		140. 1, 2, 3, 4, ... OR 5	
141. DATE LAST NORMAL (MONTH, DAY, YEAR)		142. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
143. 1, 2, 3, 4, ... OR 5		144. 1, 2, 3, 4, ... OR 5		145. 1, 2, 3, 4, ... OR 5		146. 1, 2, 3, 4, ... OR 5	
147. DATE LAST NORMAL (MONTH, DAY, YEAR)		148. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
149. 1, 2, 3, 4, ... OR 5		150. 1, 2, 3, 4, ... OR 5		151. 1, 2, 3, 4, ... OR 5		152. 1, 2, 3, 4, ... OR 5	
153. DATE LAST NORMAL (MONTH, DAY, YEAR)		154. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
155. 1, 2, 3, 4, ... OR 5		156. 1, 2, 3, 4, ... OR 5		157. 1, 2, 3, 4, ... OR 5		158. 1, 2, 3, 4, ... OR 5	
159. DATE LAST NORMAL (MONTH, DAY, YEAR)		160. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
161. 1, 2, 3, 4, ... OR 5		162. 1, 2, 3, 4, ... OR 5		163. 1, 2, 3, 4, ... OR 5		164. 1, 2, 3, 4, ... OR 5	
165. DATE LAST NORMAL (MONTH, DAY, YEAR)		166. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
167. 1, 2, 3, 4, ... OR 5		168. 1, 2, 3, 4, ... OR 5		169. 1, 2, 3, 4, ... OR 5		170. 1, 2, 3, 4, ... OR 5	
171. DATE LAST NORMAL (MONTH, DAY, YEAR)		172. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
173. 1, 2, 3, 4, ... OR 5		174. 1, 2, 3, 4, ... OR 5		175. 1, 2, 3, 4, ... OR 5		176. 1, 2, 3, 4, ... OR 5	
177. DATE LAST NORMAL (MONTH, DAY, YEAR)		178. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
179. 1, 2, 3, 4, ... OR 5		180. 1, 2, 3, 4, ... OR 5		181. 1, 2, 3, 4, ... OR 5		182. 1, 2, 3, 4, ... OR 5	
183. DATE LAST NORMAL (MONTH, DAY, YEAR)		184. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
185. 1, 2, 3, 4, ... OR 5		186. 1, 2, 3, 4, ... OR 5		187. 1, 2, 3, 4, ... OR 5		188. 1, 2, 3, 4, ... OR 5	
189. DATE LAST NORMAL (MONTH, DAY, YEAR)		190. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
191. 1, 2, 3, 4, ... OR 5		192. 1, 2, 3, 4, ... OR 5		193. 1, 2, 3, 4, ... OR 5		194. 1, 2, 3, 4, ... OR 5	
195. DATE LAST NORMAL (MONTH, DAY, YEAR)		196. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
197. 1, 2, 3, 4, ... OR 5		198. 1, 2, 3, 4, ... OR 5		199. 1, 2, 3, 4, ... OR 5		200. 1, 2, 3, 4, ... OR 5	
201. DATE LAST NORMAL (MONTH, DAY, YEAR)		202. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
203. 1, 2, 3, 4, ... OR 5		204. 1, 2, 3, 4, ... OR 5		205. 1, 2, 3, 4, ... OR 5		206. 1, 2, 3, 4, ... OR 5	
207. DATE LAST NORMAL (MONTH, DAY, YEAR)		208. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
209. 1, 2, 3, 4, ... OR 5		210. 1, 2, 3, 4, ... OR 5		211. 1, 2, 3, 4, ... OR 5		212. 1, 2, 3, 4, ... OR 5	
213. DATE LAST NORMAL (MONTH, DAY, YEAR)		214. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
215. 1, 2, 3, 4, ... OR 5		216. 1, 2, 3, 4, ... OR 5		217. 1, 2, 3, 4, ... OR 5		218. 1, 2, 3, 4, ... OR 5	
219. DATE LAST NORMAL (MONTH, DAY, YEAR)		220. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
221. 1, 2, 3, 4, ... OR 5		222. 1, 2, 3, 4, ... OR 5		223. 1, 2, 3, 4, ... OR 5		224. 1, 2, 3, 4, ... OR 5	
225. DATE LAST NORMAL (MONTH, DAY, YEAR)		226. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
227. 1, 2, 3, 4, ... OR 5		228. 1, 2, 3, 4, ... OR 5		229. 1, 2, 3, 4, ... OR 5		230. 1, 2, 3, 4, ... OR 5	
231. DATE LAST NORMAL (MONTH, DAY, YEAR)		232. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
233. 1, 2, 3, 4, ... OR 5		234. 1, 2, 3, 4, ... OR 5		235. 1, 2, 3, 4, ... OR 5		236. 1, 2, 3, 4, ... OR 5	
237. DATE LAST NORMAL (MONTH, DAY, YEAR)		238. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
239. 1, 2, 3, 4, ... OR 5		240. 1, 2, 3, 4, ... OR 5		241. 1, 2, 3, 4, ... OR 5		242. 1, 2, 3, 4, ... OR 5	
243. DATE LAST NORMAL (MONTH, DAY, YEAR)		244. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
245. 1, 2, 3, 4, ... OR 5		246. 1, 2, 3, 4, ... OR 5		247. 1, 2, 3, 4, ... OR 5		248. 1, 2, 3, 4, ... OR 5	
249. DATE LAST NORMAL (MONTH, DAY, YEAR)		250. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
251. 1, 2, 3, 4, ... OR 5		252. 1, 2, 3, 4, ... OR 5		253. 1, 2, 3, 4, ... OR 5		254. 1, 2, 3, 4, ... OR 5	
255. DATE LAST NORMAL (MONTH, DAY, YEAR)		256. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
257. 1, 2, 3, 4, ... OR 5		258. 1, 2, 3, 4, ... OR 5		259. 1, 2, 3, 4, ... OR 5		260. 1, 2, 3, 4, ... OR 5	
261. DATE LAST NORMAL (MONTH, DAY, YEAR)		262. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
263. 1, 2, 3, 4, ... OR 5		264. 1, 2, 3, 4, ... OR 5		265. 1, 2, 3, 4, ... OR 5		266. 1, 2, 3, 4, ... OR 5	
267. DATE LAST NORMAL (MONTH, DAY, YEAR)		268. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
269. 1, 2, 3, 4, ... OR 5		270. 1, 2, 3, 4, ... OR 5		271. 1, 2, 3, 4, ... OR 5		272. 1, 2, 3, 4, ... OR 5	
273. DATE LAST NORMAL (MONTH, DAY, YEAR)		274. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
275. 1, 2, 3, 4, ... OR 5		276. 1, 2, 3, 4, ... OR 5		277. 1, 2, 3, 4, ... OR 5		278. 1, 2, 3, 4, ... OR 5	
279. DATE LAST NORMAL (MONTH, DAY, YEAR)		280. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
281. 1, 2, 3, 4, ... OR 5		282. 1, 2, 3, 4, ... OR 5		283. 1, 2, 3, 4, ... OR 5		284. 1, 2, 3, 4, ... OR 5	
285. DATE LAST NORMAL (MONTH, DAY, YEAR)		286. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
287. 1, 2, 3, 4, ... OR 5		288. 1, 2, 3, 4, ... OR 5		289. 1, 2, 3, 4, ... OR 5		290. 1, 2, 3, 4, ... OR 5	
291. DATE LAST NORMAL (MONTH, DAY, YEAR)		292. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
293. 1, 2, 3, 4, ... OR 5		294. 1, 2, 3, 4, ... OR 5		295. 1, 2, 3, 4, ... OR 5		296. 1, 2, 3, 4, ... OR 5	
297. DATE LAST NORMAL (MONTH, DAY, YEAR)		298. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
299. 1, 2, 3, 4, ... OR 5		300. 1, 2, 3, 4, ... OR 5		301. 1, 2, 3, 4, ... OR 5		302. 1, 2, 3, 4, ... OR 5	
303. DATE LAST NORMAL (MONTH, DAY, YEAR)		304. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
305. 1, 2, 3, 4, ... OR 5		306. 1, 2, 3, 4, ... OR 5		307. 1, 2, 3, 4, ... OR 5		308. 1, 2, 3, 4, ... OR 5	
309. DATE LAST NORMAL (MONTH, DAY, YEAR)		310. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
311. 1, 2, 3, 4, ... OR 5		312. 1, 2, 3, 4, ... OR 5		313. 1, 2, 3, 4, ... OR 5		314. 1, 2, 3, 4, ... OR 5	
315. DATE LAST NORMAL (MONTH, DAY, YEAR)		316. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
317. 1, 2, 3, 4, ... OR 5		318. 1, 2, 3, 4, ... OR 5		319. 1, 2, 3, 4, ... OR 5		320. 1, 2, 3, 4, ... OR 5	
321. DATE LAST NORMAL (MONTH, DAY, YEAR)		322. MONTH OF PREGNANCY		PRENATAL CARE BEGAN		DATE OF LAST LATE PREGNANCY	
323. 1, 2, 3, 4, ... OR 5		324. 1, 2, 3, 4, ... OR 5		325. 1, 2, 3, 4, ... OR 5		326. 1, 2, 3, 4, ... OR 5	
327. DATE LAST NORMAL (MONTH, DAY, YEAR)							

APPENDIX C.

THE MONTANA BURIAL-TRANSIT PERMIT FORM

This Permit Must Accompany Remains to Destination

STATE OF MONTANA

BURIAL - TRANSIT PERMIT

STATE BOARD OF HEALTH

Division of Records and Statistics

Burial Permit No. _____

Full Name of Deceased _____ Cause of _____

Place of Death _____ Death _____
(City) (State)

Date of Death _____, 19____ Color _____ Sex _____ Age _____

Method of Disposal _____
(Whether Burial, Cremation, Transit, Storage, Etc.) (Cemetery or Crematory) (County) (State)

Funeral Director _____ Address _____

PERMIT

A certificate of death having been filed as required by the laws of the State of Montana, permission is hereby given to Embalmer _____ License No. _____ to dispose of the body as above stated.

Dated at _____ this _____ day of _____, 19____
(Registrar's Address)

Signature _____

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was _____ on _____, 19____ in _____
(State Whether Cremated, Buried, Stored, etc.) (Cemetery or Crematory)

Place _____ Signature _____
(Sexton or Person in Charge)

SEE OTHER SIDE

This permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

APPENDIX D.

THE VITAL STATISTICS REGISTRATION SYSTEM IN THE UNITED STATES

Registration of births, deaths, and fetal deaths in the United States, and other vital events^{1/} is a State and local function. The civil laws of every State provide for a continuous and permanent birth and death registration system. Each system depends to a very great extent upon the conscientious efforts of the physicians, hospital personnel, funeral directors, coroners, and medical examiners in preparing or certifying information needed to complete the original records. (See accompanying chart, "The Vital Statistics Registration System in the United States.")

Each State is divided geographically into local registration districts or units, which facilitates collection of the vital records. These districts may be a township, village, town, city, county (other geographic place) or a combination of two or more of these areas.

A local registrar collects the records of events occurring in his area and transmits them to the health department in the State office. In some States, the local health officer, by virtue of his position, serves as local registrar in many, or all, of the counties and largest cities.

The local registrar is required to see that a complete certificate is filed promptly with him for each vital event occurring in his district. When a death or a fetal death certificate is filed, it is his duty to issue a burial-transit permit which authorizes disposition of the remains. He keeps a record of each event filed with him (and may send a copy to the

^{1/} Vital events may be defined as live births, deaths, fetal deaths, marriages, divorces, and all other events which have to do with an individual's entrance into or departure from life, together with any change in the civil status which may occur to him during his lifetime.

local health department, if not same person as local registrar) and sends the original certificate to the State registrar of vital statistics.

The State vital statistics office inspects the records for promptness of filing, completeness and consistency of information, queries if necessary, numbers, indexes, processes, and binds for permanent reference and safekeeping. Statistical information from the records is tabulated for use of State and local health departments, other governmental agencies, and various private and voluntary organizations. The data are used to evaluate health problems, and to plan programs and service to the public.

An important function of the State office is to issue certified copies of the certificates to individuals in need of such records and to verify the facts of birth and death for agencies requiring legal evidence of such facts.

Copies of individual records registered in the State offices are transmitted to the National Center for Health Statistics.^{2/} From these copies monthly, annual, and special statistical reports are prepared for the United States as a whole and for the component parts - cities, counties, States, regions by various characteristics; such as, age, sex, race, cause of death. The statistics are essential in the fields of social welfare, public health, and demography. They are also used for various administrative purposes, both in business and in government. The NCHS serves as a focal point which exercises leadership in establishing uniform practices through model laws, standard certificate forms, handbooks, and other instructional materials.

^{2/} The NCHS in the Public Health Service is vested with the authority for administering the vital statistics functions at the Federal level.

GENERAL PATTERN OF VITAL REGISTRATION AND STATISTICS IN THE UNITED STATES

RESPONSIBLE PERSON OR AGENCY	BIRTH CERTIFICATE	DEATH CERTIFICATE	FETAL DEATH CERTIFICATE (Stillbirth)	REPORTING OFFICIALS	MARRIAGE RECORD	DIVORCE OR ANNULMENT RECORD
Physician, Other Professional Attendant, or Hospital Authority	<ol style="list-style-type: none"> 1. Completes entire certificate in consultation with parent(s). Physician's signature required. 2. Files certificate with local office of district in which birth occurred. 	<ol style="list-style-type: none"> 1. Completes medical certification and signs certificate. 2. Returns certificate to funeral director. 	<ol style="list-style-type: none"> 1. Certifies to the cause of fetal death and signs certificate. 2. Returns certificate to funeral director. 	Clerk of Local Government	<ol style="list-style-type: none"> 1. Receives application for marriage license, and reviews application for completeness, accuracy, and compliance with law. 2. Issues marriage license, and records date. 3. Checks completeness of entries about the marriage ceremony. 4. Sends specified information regarding marriage to State Registrar. 	
Funeral Director		<ol style="list-style-type: none"> 1. Obtains personal facts about deceased. 2. Takes certificate to physician for medical certification. 3. Delivers completed certificate to local office of district where death occurred and obtains burial permit. 	<ol style="list-style-type: none"> 1. Obtains the facts about fetal death. 2. Takes certificate to physician for entry of causes of fetal death. 3. Delivers completed certificate to local office of district where delivery occurred and obtains burial permit. 	Marriage Official	<ol style="list-style-type: none"> 1. Checks the validity of the marriage license. 2. Performs the marriage ceremony. 3. Certifies to the facts of the marriage ceremony. 4. Returns the record to the license clerk within the legally prescribed time. 	
Local Office (may be Local Registrar or City or County Health Department)	<ol style="list-style-type: none"> 1. Verifies completeness and accuracy of certificate. 2. Makes copy, ledger entry, or index for local use. 3. Sends certificates to State Registrar. 	<ol style="list-style-type: none"> 1. Verifies completeness and accuracy of certificate. 2. Makes copy, ledger entry, or index for local use. 3. Issues burial permit to funeral director and verifies return of permit from cemetery attendant. 4. Sends certificates to State Registrar. 		Clerk of Court		<ol style="list-style-type: none"> 1. Provides form for report to plaintiff or attorney, or makes entries on such form from petition for decree. 2. Verifies entries on return form. 3. Enters information on final decree. 4. Sends completed report to State Registrar.
City and county health departments use certificates in allocating medical and nursing services, followups on infectious diseases, planning programs, measuring effectiveness of services, and conducting research studies.				Attorney for Plaintiff		<ol style="list-style-type: none"> 1. Enters personal characteristics of spouses. 2. Returns form to Clerk of Court.
State Registrar, Bureau of Vital Statistics*	<ol style="list-style-type: none"> 1. Queries incomplete or inconsistent information. 2. Maintains files for permanent reference and as the source of certified copies. 3. Develops vital statistics for use in planning, evaluating, and administering State and local health activities and for research studies. 4. Compiles health related statistics for State and civil divisions of State for use of the health department and other agencies and groups interested in the fields of medical science, public health, demography, and social welfare. 5. Prepares copies of birth, death, fetal death, marriage, and divorce certificates or records for transmission to the National Center for Health Statistics. 					
Public Health Service National Center for Health Statistics	<ol style="list-style-type: none"> 1. Prepares and publishes national statistics of births, deaths, fetal deaths, marriages, and divorces; and constructs the official U.S. life tables and related actuarial tables. 2. Conducts health and social research studies based on vital records and on sampling surveys linked to records. 3. Conducts research and methodological studies in vital statistics methods including the technical, administrative, and legal aspects of vital records registration and administration. 4. Maintains a continuing technical assistance program to improve the quality and usefulness of vital statistics. 					

NOTE.—In some States there is no central file for marriage and divorce records at the State level.

*In 49 States and the District of Columbia the Bureau is in the State Health Department. In Massachusetts the Bureau is in the Office of the Secretary of State.

